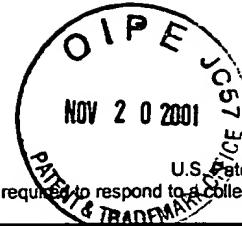


Please type a plus sign (+) inside this box →



#3 Receipt ✓

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/942,454
		Filing Date	08/30/2001
		First Named Inventor	HORN
		Group Art Unit	2164
		Examiner Name	
Total Number of Pages in this Submission		Attorney Docket Number	21710-67943

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers/Recordation Cover Sheet (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) (37 CFR 1.84)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Supplemental Information Data Sheet (2) Request for Corrected Filing Receipt (3) RETURN RECEIPT POSTCARD
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Notice re Missing Parts / Corrected Application Papers / Incomplete Application	<u>Remarks</u>	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

CUSTOMER NO. 27730

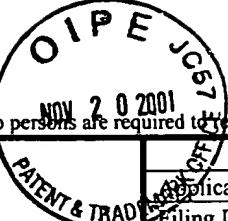
Firm or Ind	Joseph E. Chovanes (Registration No.33,481)
Individual name	
Signature	
Date	November 19, 2001

### CERTIFICATE OF MAILING

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the U.S. Postal Service on November 19, 2001, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37CFR § 1.10, Mailing Label Number EL929339642US addressed to the: Assistant Commissioner for Patents, Washington, DC 20231.

Typed or printed name	Karen M. Spina
Signature	
	Date November 19, 2001

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 130

## METHOD OF PAYMENT

1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account 50-0979

Deposit Account Name

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

 Applicant claims small entity status  
See 37 CFR 1.27
2.  Payment Enclosed
 Check  Credit Card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>				<b>\$</b>	

## 2. EXTRA CLAIMS FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	—	- 20**	= X 18 =	\$
Independent Claims	—	- 3**	= X 84 =	\$
Multiple Independent			+ 280 =	\$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>				<b>\$</b>	

\*\*or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 27730

Complete if known

Application Number	09/942,454
Filing Date	08/30/2001
First Named Inventor	HORN
Examiner Name	
Group Art Unit	2164
Attorney Docket No.	21710-67943

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Fee Description	Fee Paid
105	130	205	Surcharge – late filing fee or oath	130
127	50	227	Surcharge – late provisional filing fee or cover sheet	
139	130	139	Non-English specification	
147	2520	147	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	Requesting publication of SIR prior to Examiner action	
113	1840*	113	Requesting publication of SIR after Examiner action	
115	110	215	Extension for reply within first month	
116	400	216	Extension for reply within second month	
117	920	217	Extension for reply within third month	
118	1440	218	Extension for reply within fourth month	
128	1960	228	Extension for reply within fifth month	
119	310	219	Notice of Appeal	
120	310	220	Filing a brief in support of an appeal	
121	270	221	Request for oral hearing	
138	1510	138	Petition to institute a public use proceeding	
140	110	240	Petition to revive – unavoidable	
141	1280	241	Petition to revive – unintentional	
142	1280	242	Utility issue fee (or reissue)	
143	460	243	Design issue fee	
144	620	244	Plant issue fee	
122	130	122	Petition to the Commissioner	
123	50	123	Processing fee under 37 CFR 1.17(q)	
126	180	126	Submission of Information Disclosure Stmt	
581	40	581	Recording each patent assignment per property (times number of properties)	
146	740	246	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	Request for Continued Examination (RCE)	
169	900	169	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$130

Complete (if applicable)					
Name (Print/Type)	Joseph E. Chovanes	Registration No. (Attorney/Agent)	33,481	Telephone	(215) 575-7000
Signature				Date	November 19, 2001

NOV 20 2001

#4  
RWB  
4-29-02

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hernan G. Otero, Steven B. Horn and John Tumilty

Application No.: 09/942,454

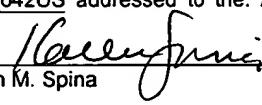
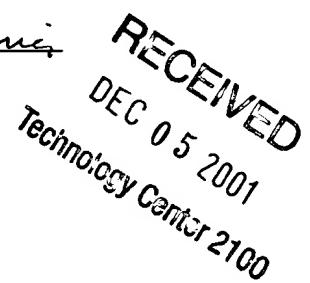
Group Art Unit: 2164

Filed: August 30, 2001

Examiner: not yet assigned

Entitled: APPARATUS, METHODS AND ARTICLES OF MANUFACTURE  
FOR EXECUTING COMPUTERIZED TRANSACTION PROCESSES

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the U.S. Postal Service on November 19, 2001, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR § 1.10, Mailing Label Number EL929339642US addressed to the: Assistant Commissioner for Patents, Washington, DC 20231.

  
Karen M. SpinaCommissioner of Patents and Trademarks  
Washington, DC 20231ATTN: Office of Initial Patent Examination  
Customer Service Center  
RECEIVED  
DEC 05 2001  
Technology Center 2100

## REQUEST FOR CORRECTED FILING RECEIPT

- Attached is a copy of the Official Filing Receipt received from the U.S. Patent and Trademark Office in the above-captioned application for which issuance of a corrected filing receipt is respectfully requested.
- There is a error with respect to the following data, which is:

incorrectly entered and/or  omitted:

Error in:Correct Data

1. <input type="checkbox"/> Applicant's name	1.
2. <input type="checkbox"/> Applicant's address	2.
3. <input type="checkbox"/> Title	3.
4. <input type="checkbox"/> Filing date	4.
5. <input type="checkbox"/> Serial Number	5.
6. <input type="checkbox"/> Foreign/PCT Application Re:	6.



7. [x] DOMESTIC PRIORITY DATA  
7. THIS APPLICATION IS A CIP  
OF 09/823,125 03/30/2001  
WHICH IS A CIP OF 09/773,139  
01/31/2001 WHICH CLAIMS  
BENEFIT OF 60/241,807  
10/14/2000

[ ] The correction(s) is/are not due to any error by Applicant and no fee is due.

OR

[x] At least one of the above corrections is due to Applicant's error and the fee therefor, under 37 C.F.R. 1.19(h), of \$25.00 is paid as follows:

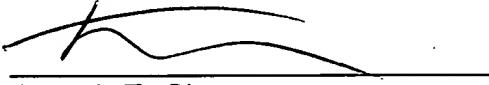
[ ] Enclosed is a check for \$25.00.

[x] Please charge Deposit Account 50-0979

[X] The Commissioner is hereby authorized to charge any additional fees which may be required to Deposit Account Number 50-0979.

Respectfully submitted,

Date: November 19, 2001

  
Joseph E. Chovanes  
Registration No. 33,481

DILWORTH PAXSON LLP  
3200 Mellon Bank Center  
1735 Market Street  
Philadelphia, PA 19103-7595  
Tel.: (215) 575-7000  
FAX (215) 575-7200

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Technology Center 2100



UNITED STATES PATENT AND TRADEMARK OFFICE



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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/942,454	08/30/2001	2164	950	21710-67943	3	19	6

CONFIRMATION NO. 9738

27730  
DILWORTH PAXSON LLP  
3200 MELLON BANK CENTER  
1735 MARKET STREET  
PHILADELPHIA, PA 19103

FILING RECEIPT



\*OC000000006822084\*

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DEC 05 2001

Date Mailed: 10/01/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Steven B. Horn, New York, NY;  
John Tumilty, New York, NY;

**Assignment For Published Patent Application**

Goldman, Sachs & Company, New York, NY;

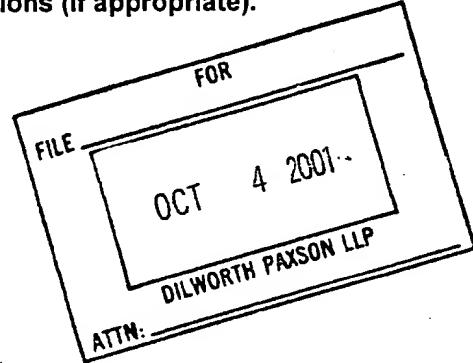
**Domestic Priority data as claimed by applicant**

THIS APPLICATION IS A CIP OF 09/823,125 03/30/2001

AND A CIP OF 09/733,139 12/08/2000

AND CLAIMS BENEFIT OF 60/241,807 10/14/2000 \*

(\*) Data inconsistent with PTO records.



**Foreign Applications**

If Required, Foreign Filing License Granted 09/29/2001



**Projected Publication Date:** To Be Determined - pending completion of Missing Parts

**Non-Publication Request:** No

**Early Publication Request:** No

FILE COPY



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9738

SERIAL NUMBER 09/942,454	FILING DATE 08/30/2001 RULE	CLASS 705	GROUP ART UNIT 2164	ATTORNEY DOCKET NO. 21710-67943
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## APPLICANTS

✓ Steven B. Horn, New York, NY;  
 John Tumilty, New York, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/823,125 03/30/2001  
 WHICH IS A CIP OF 09/773,139 01/31/2001  
 WHICH CLAIMS BENEFIT OF 60/241,807 10/14/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/29/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

27730

## TITLE

Apparatus, methods and articles of manufacture for executing computerized transaction processes

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/942,454	08/30/2001	Steven B. Horn	21710-67943

27730  
DILWORTH PAXSON LLP  
3200 MELLON BANK CENTER  
1735 MARKET STREET  
PHILADELPHIA, PA 19103

## CONFIRMATION NO. 9738

## FORMALITIES LETTER



\*OC00000006822085\*

Date Mailed: 10/01/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

11/21/2001 BNGUYEN1 00000040 09942454

01 FC:105

130.00 0P